

E. NEWBORN/POSTPARTUM HOME VISIT

The Newborn/Postpartum Home Visit Program is provided for Medicaid infants and their mothers by local health departments. The purpose of this program is to reduce the incidence of newborn and maternal physician, psychosocial and environmental crises post delivery.

KDHE will:

1. Develop program content criteria, guidelines and related program standards.
2. Recommend content of program service.
3. Recommend reimbursement levels for program service.
4. Provide technical assistance and consultation to local health departments.

SRS will:

1. Approve content of program services.
2. Determine reimbursement levels for program service.
3. Enroll qualified providers.
4. Provide workshops, manuals and technical assistance regarding billing procedures.
5. Determine client eligibility.
6. Provide information about program to Medicaid applicants and eligible prenatal clients.
7. Make client referrals to local health departments.

SRS and KDHE will:

1. Promote use by clients and providers statewide.
2. Encourage cooperation between local health departments and local SRS offices to develop local outreach, eligibility determination and referral procedures.
3. Implement utilization review procedures.
4. Evaluate impact of program services on perinatal outcomes for program recipients.

F. WIC/MEDICAID COORDINATION

The Women, Infants and Children (WIC) Program authorized by Section 17 of the Child Nutrition Act of 1966, as amended, provides nutrition education and supplemental nutritious food packages to low-income pregnant, postpartum and breast-feeding women, infants, and children up to age 5 who are at nutritional risk. SRS Division of Medical Programs authorized by Title XIX of the Social Security Act provides medical care to those low income individuals who meet SRS eligibility standards. To assure that these individuals receive the health and nutrition services for which they are eligible, procedures will be established for cross referrals.

KDHE will:

1. Establish and coordinate procedures for the provision of SRS information and referrals to WIC program participants.
2. Inform local WIC agencies about changes in Medicaid eligibility rules.
3. Send WIC eligibility information updates to SRS for distribution.
4. Send local agency WIC clinic directories to SRS for distribution.

SRS will:

1. Establish and coordinate procedures for the provisions of WIC information and referrals to local WIC agencies.
2. Notify and refer in a timely manner all individuals in the State who are determined to be eligible for Medical Assistance, and who are pregnant, breastfeeding or postpartum women, or children below the age of 5 of the availability of WIC program benefits.
3. Inform SRS local offices about changes in WIC eligibility rules.
4. Send eligibility fact sheet updates to the state WIC agency for distribution.
5. Send SRS local office directory updates to the state WIC agency.

SRS and KDHE will:

1. Promote the distribution of program eligibility information and client referrals by local units.
2. Assure local units have appropriate referral systems.
3. Exchange participant information through local units for the purpose of making cross-referrals, increasing program participation, determining program eligibility and conducting outreach.
4. Participant eligibility information will not be shared with a third party.

G. COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

The Commodity Supplemental Food Program (CSFP) authorized by Section 5, Public Law 93-86, as amended, provides supplemental nutritious commodity foods and nutrition education to eligible

pregnant, breastfeeding and postpartum women, infants and children up to six years old. In order to implement the CSFP in Kansas, a joint effort has been initiated between SRS and KDHE. This interagency agreement identifies the various areas of responsibility for each department and provides an overview of the Kansas CSFP operations.

KDHE will:

1. Serve as the lead state agency administering the program.
2. Coordinate and implement fiscal management, program policy and procedures, and certification activities.
3. Contract with local agencies and provide administrative funds.
4. Maintain financial records and reports for the program.
5. Prepare and maintain contract with the commercial vendor to provide data processing and other computer services.
6. Provide consultation on and evaluation of program management, nutrition education and clinic services.

SRS will:

1. Coordinate and implement all food ordering, storing, packaging, and transporting activities from USDA to the point of delivery at the local distribution sites.
2. Oversee state and local CSFP inventory and distribution activities.
3. Maintain and monitor record-keeping systems for commodity food distribution and recipient participation.
4. Prepare and maintain contracts with commercial vendors to assure food availability for the program.
5. Assist in locating and providing technical assistance for local agencies and distribution sites.
6. Prepare and submit appropriate participation and distribution reports to USDA.

SRS and KDHE will:

1. Plan and coordinate program operations and development of the CSFP State Plan.

KANSAS MEDICAID STATE PLAN

Attachment 4.16-A

Page 29

KDHE/SRS

2. Monitor local CSFP agency operations in compliance with federal and state regulations and procedures.
3. Evaluate service delivery and revise the program to better serve the needs of recipients within program guidelines.
4. Plan and prepare strategies to best utilize caseload slots statewide.
5. Exchange financial, participation and food ordering options information for the purpose of maintaining optimal program operations.

H. FAMILY PLANNING

Family Planning Services help individuals of childbearing age to determine freely the number and spacing of their children. Local agencies that receive Title X funds to provide comprehensive family planning services are referred to as Title X local agencies. The agency will assume responsibility for managed reproductive health care for all individuals enrolled in the program.

KDHE will:

1. Establish and maintain standards and guidelines for quality of health services provided by Title X local agencies. These services include but are not limited to the following: complete health histories, physical assessment, health counseling and health screening for venereal disease, hypertension, cancer of the cervix and breast, urinalysis, and anemia. Contraceptive services and pregnancy testing are also available.
2. Monitor on-site the quality of care in all Title X local agencies in Kansas at least every two years. Ensure that all medical components of family planning clinics are supervised by a licensed physician.
3. Refer SRS family planning recipients to other services as needed.
4. Provide statistics regarding SRS-family planning recipients served in authorized family planning clinics.
5. Provide a certification statement to SRS within three weeks of the quarter's end stating that funds are available to match Federal funds.
6. Provide documentation for each local health department provider reflecting available match at the end of each calendar quarter.

SRS will:

1. Determine the eligibility of individuals who apply for Medical Assistance.
2. Offer family planning services to all those determined eligible for Medical Assistance and refer those who request services to the provider of their choice. For eligible clients who request services but have no provider preference, referral will be to a Title X local agency.
3. Establish the scope of services, to include eligibility for six months post-partum at 150% of the federal poverty level, and reimbursement levels for Medical Assistance family planning services.
4. Provide statistics annually regarding SRS referrals to family planning clinics, the number of family planning procedures reimbursed by Medical Assistance programs and expenditures for these services.

5. Maintain effort based on FY 93 local health department family planning State General Fund expenditures by executing transfer of funds using the interfund voucher system.
6. Provide a quarterly report to KDHE reflecting payments for family planning services.

KDHE and SRS will:

1. Develop an outreach and referral system that will increase access to family planning services by appointing appropriate personnel.
2. Develop in-service education for appropriate SRS staff and public health nurses.
3. Implement joint bidding and contracting for cervical and vaginal Pap tests.
4. Negotiate an annual fee for each individual receiving managed reproductive health care based on cost.

I. MIGRANT HEALTH

The goal of the KDHE Kansas Migrant Health Program is to assure availability of medical and dental care to migrant and seasonal farmworkers and their families who would otherwise not have access to care because of their transient lifestyle. The purpose of this section is to describe the cooperative agreement between KDHE and SRS Medical Assistance in relation to Migrant Health. This agreement will assist in increasing utilization of Migrant Health and Medical Assistance through sharing of program information and services covered, and provision of referrals.

KDHE will:

1. Provide preventive health screening and services including routine physical examinations, anemia screening, nutrition assessments, vision and hearing screening, for eligible Migrant clients. Diagnostic, treatment and follow-up services are also provided.
2. Provide payment for hospitalization as funds are available, if clients are not eligible for Medical Assistance.
3. Conduct outreach visits to field workers, employers and crew leaders at least weekly, to identify those individuals eligible for and requiring services and to provide routine screening and services as necessary.
4. Report to SRS through written/oral communication, documented concerns of projects relating to health services availability and/or barriers for Medical Assistance eligible clients.
5. Provide written referral or assist in transporting clients who appear to be eligible for Medicaid reimbursement to the local SRS office.
6. Inform SRS of Migrant Health programs and locations, as well as services provided, on a yearly basis through written and verbal communication as well as through available project brochures.
7. Promote identification and referral of individuals to SRS who may be eligible for Medical Assistance program benefits.
8. Promote cooperative program planning and monitoring of Migrant Health efforts at the state and local levels.

SRS will:

1. Identify those clients who may be eligible for both Migrant Health and Medical Assistance.
2. Work with KDHE and local agencies to resolve barriers to health care for migrants and their families through identification of providers willing to accept migrant clients. Reimbursement will be requested directly from SRS by the local provider.

OCT 25 1993

28 JUL 01 1993

TN#MS-93-24 Approval Date _____ Effective Date _____ Supersedes TN#MS-92-02

3. Refer Medical Assistance clients, eligible for Migrant Health services, to the Migrant Health Project.
4. Provide copies of Migrant program/service brochures as they are made available to appropriate SRS offices for dissemination to eligible Medical Assistance clients.

J. REFUGEE HEALTH

The purpose of the Kansas Refugee Health Assessment Program is to identify and treat health conditions that may affect the physical and mental well being of newly arrived refugees in order to facilitate their adjustment and resettlement in the community. The purpose of this section is to describe the cooperative agreement between KDHE and the SRS Refugee Resettlement program in relation to refugee health assessments.

KDHE will:

1. Provide health assessments for initially arriving refugees including TB testing, hepatitis and parasite screening and provide appropriate referral for treatment of conditions of public health significance.
2. Follow-up on clients referred for treatment to assure that the course of treatment is completed.
3. Report to SRS, documented concerns relating to health services availability and/or barriers for Medical Assistance eligible refugees.
4. Identify Refugee Health services for potential Medical Assistance reimbursement for eligible refugees and assist local health departments to bill SRS for services.
5. Inform SRS of refugee programs and services provided by local agencies on an annual basis through outreach, training and other available means.
6. Promote identification through routine intake, and referral of individuals to SRS who may be eligible for Medical Assistance.
7. Promote cooperative program planning efforts for refugee services at the state and local levels.
8. Encourage local agencies to provide follow-up and outreach activities for Medicaid/MediKan clients appropriate to client needs.
9. Provide to SRS a copy of the annual grant application and any update for funding from DHSS for the Refugee Health Assessment Program.

SRS will:

1. Consult with KDHE, when appropriate, regarding refugee health assessment services and treatments covered under Medical Assistance.
2. Work with KDHE and local providers to resolve barriers to health care services.
3. Provide a copy of the annual Refugee Resettlement Plan for the state of Kansas with updated amendments as necessary to KDHE.
4. Refer Medical Assistance applicants/recipients to Refugee Health Assessment services in appropriate areas.
5. Participate with KDHE in cooperative program planning for services covered by the Medical Assistance Program.

o COLLABORATION AND CONSULTATION**KDHE will:**

1. When applicable, attend workshops held by SRS relating to Refugee Resettlement.
2. Respond to questions and issues presented by the Medical Assistance relating to Refugee Health Assessment.
3. Provide to SRS upon request, quarterly and annual summary statistics on refugee health and related data.

SRS will:

1. When applicable, attend KDHE or local agency workshops relating to the Refugee Health Assessment services.
2. Respond to questions and issues presented by KDHE relating to Medical Assistance and Refugee Resettlement Programs.
3. Provide KDHE copies of program reports relating to Refugee Resettlement Program.

K. SERVICES FOR TUBERCULOSIS

KDHE and SRS are required under certain circumstances by K.S.A. 65-104 et. seq. to provide and reimburse for diagnosis, treatment and follow-up for persons with or in jeopardy of contracting tuberculosis. The goal of the Departments is to stop the spread of tuberculosis infection and disease. The purpose of this section is to describe the cooperative agreement between KDHE and SRS in relation to tuberculosis services.

KDHE will:

1. Assure that diagnostic and treatment facilities meet acceptable quality assurance standards.
2. Provide a list of all approved inpatient and outpatient facilities to SRS and notify them of additions and deletions on a timely basis.
3. Refer persons who require inpatient treatment to the local SRS office in order to assure reimbursement to the inpatient facility.
4. Provide anti-tuberculosis drug, without charge, to persons eligible for Medical Assistance.
5. Notify SRS of any administrative/fiscal change which may impact mutual clients.
6. Assure to the degree practicable that inpatient and outpatient diagnosis and treatment facilities and/or providers are available to Medical Assistance recipients and refugees.

SRS will:

1. Determine eligibility for Medical Assistance and assure that persons who require inpatient treatment for tuberculosis will be determined eligible.
2. Maintain a current list of inpatient and outpatient treatment facilities approved by KDHE and provide these lists to providers participating in the Medical Assistance program.
3. Reimburse inpatient and outpatient treatment facilities approved by KDHE and certified to be Medicaid providers.
4. Notify KDHE of any administrative/fiscal changes which may affect mutual clients.
5. Reimburse for or provide transportation to clients outside a 50 mile radius of the inpatient or outpatient facility.
6. Assist KDHE, upon request, to resolve any problems which may arise from the Medical Assistance case management programs.